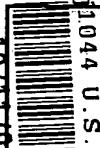


10/11/21



**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

12-14-01

Attorney Docket No.	SP21-326	Total Pages	2
First Named Inventor or Applicant Identifier	Boger, Thorsten		
Title	CATALYTIC REFORMING SYSTEM AND PROCESS		
Express Mail Label No.	EV041470975 US		

**CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231

on 12/11/01

(Date)

Signature Kees van der Sterre

"EXPRESS MAIL" Mailing Label No. EV041470975 US

**ADDRESS TO:**  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

11002 U.S. PRO  
10/015105  
12/11/01

1. <input checked="" type="checkbox"/> * Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages] 24</span> <i>(preferred arrangement set forth below)</i>	6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
- Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/> Statement verifying identity of above copies
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) <span style="float: right;">[Total Sheets] 4</span>	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input type="checkbox"/> Oath or Declaration <span style="float: right;">[Total Pages] 2</span>	8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <span style="float: right;"><input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></span>
a. <input checked="" type="checkbox"/> Executed (original or copy)	9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span>
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> Preliminary Amendment
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional. <input type="checkbox"/> Continuation-in-part (CIP) of prior application No _____	13. <input type="checkbox"/> Certified Copy of Priority Document(s) <span style="float: right;">15. <input type="checkbox"/> Other: <i>(if foreign priority is claimed)</i></span>
Prior application information: Examiner: Group / Art Unit: _____	14. <input type="checkbox"/> _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

**17. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label 22928 or  Correspondence address below

NAME	Kees van der Sterre				
ADDRESS	Corning Incorporated, SP-TI-3-1				
CITY	Corning	STATE	NY	ZIP CODE	14831
COUNTRY	USA	TELEPHONE	607-974-3294	FAX	(607) 974-3848
Name (Print/Type)	Kees van der Sterre			Registration No. (Attorney/Agent)	25,938
Signature	<u>Kees van der Sterre</u>			Date	December 11, 2001



**E EEE TRANSMITTAL  
for FY 2001**

DEC 11 2001

<b>O I P E FEE TRANSMITTAL</b> <b>for FY 2001</b>		<i>Complete if Known</i>	
		Application Number	To Be Assigned
		Filing Date	Herewith
		First Named Inventor	Boger, Thorsten
		Examiner Name	To Be Assigned
		Group / Art Unit	To Be Assigned
TOTAL AMOUNT OF PAYMENT		(\$) <b>1496.00</b>	Attorney Docket Number
			<b>SP01-326</b>

**METHOD OF PAYMENT (check one)**

- 1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

**Deposit  
Account  
Number**

Deposit  
Account  
Name

Charge Any Additional Fees Required  
Under 37 C F R, §§ 1.16 and 1.17

- 2.  Payment Enclosed:**

## FEE CALCULATION

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## **1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	Utility filing fee	<u>740.00</u>
106	330	Design filing fee	
107	510	Plant filing fee	
108	740	Reissue filing fee	
114	160	Provisional filing fee	

SUBTOTAL (1)

<b>EXTRA CLAIM FEES</b>	<b>Extra Fee from Claims below</b>	<b>Fee Paid</b>
Total Claims	48 - 20** = 28 x 18 =	504.00
Independent	6 - 3** = 3 x 84 =	252.00

Multiple Dependent  $\alpha = 0.00$

*\*\*or number previously paid, if greater; For Reissues, see below*

Large Fee Code	Entity Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$756.00)

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**SUBMITTED BY**

**Completed (if applicable)**

Name (Print/Type)	Kees van der Sterre	Registration No. (Attorney/Agent)	25,938
Signature		Date	December 11, 2001